

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
**APPLICATION FOR FEDERAL MEAT,
POULTRY, OR IMPORT INSPECTION**

INSTRUCTIONS:

Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable Inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

SECTION I (to be completed for Import or Domestic Inspection Activities)

1. DATE OF APPLICATION	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER (Specify)	3. TYPE OF INSPECTION REQUIRED <input type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input type="checkbox"/> POULTRY	4. EXEMPTED ACTIVITIES (specify)
5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (specify)		6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED	
		7. DATE INCORPORATED (Month and Year)	
8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code)		FEDERAL EMPLOYER IDENTIFICATION NO. (As assigned by Internal Revenue Service)	9. AREA CODE TELEPHONE NUMBER
10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code)		11. AREA CODE TELEPHONE NUMBER	
10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED TO BE UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic)			
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY		13. OTHER NAMES (If any) UNDER WHICH BUSINESS WILL BE CONDUCTED	
14. DAYS PER YEAR PLANT WILL OPERATE		15. HOURS PER WEEK PLANT WILL OPERATE	
16. HOURS PER DAY PLANT WILL OPERATE		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT

SECTION II (to be completed for Domestic Inspection Activities)

SLAUGHTER	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED		
	<input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE <input type="checkbox"/> EQUINES <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GEESE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS		
COMMERCE ONLY	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1/		
	<input type="checkbox"/> BEEF <input type="checkbox"/> VEAL <input type="checkbox"/> LAMB OR MUTTON <input type="checkbox"/> GOAT MEAT <input type="checkbox"/> PORK <input type="checkbox"/> EQUINE MEAT <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> GUINEA		
PROCESSING	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED		
	<table><tr><td>TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH</td><td>a. <input type="checkbox"/> BREAKINGCUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.) b. <input type="checkbox"/> BONING (manual boning meat/poultry) c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry) d. <input type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.) e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.) f. <input type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.) g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)</td><td>h. <input type="checkbox"/> CANNING (Shelf stable, perishable, cans, pouches, glass) i. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products) j. <input type="checkbox"/> CONVENIENCE ITEMS (entrees, dinners, pies, pizzas etc.) k. <input type="checkbox"/> SLICING (bacon, luncheon meats sausage etc.) l. <input type="checkbox"/> FATSOILS (lard, tallow, shortening, margarine etc.) m. <input type="checkbox"/> OTHER (specify)</td></tr></table>	TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH	a. <input type="checkbox"/> BREAKINGCUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.) b. <input type="checkbox"/> BONING (manual boning meat/poultry) c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry) d. <input type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.) e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.) f. <input type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.) g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)
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f. PROCESSED PRODUCTS

- ☐ BEEF

☐ VEAL

☐ SWINE

☐ SHEEP

☐ GOATS

☐ EQUINE

☐ VENISON

☐ OTHER
(describe)

- ☐ CUTS
- ☐ BONELESS MFG MEAT

- ☐ RESTRICTED
☐ UNRESTRICTED

- ☐ FRESH/FROZEN
 - ☐ HEATED
 - ☐ DRIED/SEMI-DRIED

- ☐ RAW
☐ COOKED
☐ OTHER POULTRY
(describe)

- ☐ CUTS
☐ BONELESS MFG MEAT

- ☐ PERISHABLE
☐ SHELF STABLE

- ☐ RAW
☐ COOKED

22. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the District Manager of any changes in the listing given.

[illegible]

23. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

24. List each conviction against the applicant (*person, firm or corporation*) in any Federal or State court of any felony. List each conviction against the applicant (*person, firm or corporation*) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH §416.12 OF THE REGULATIONS. (Check)

- ☐
- YES

- ☐
- NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check)

- ☐
- YES

- ☐
- NO

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator. FSIS, Washington, D.C. 20250.

27. TYPED NAME OF PERSON SIGNING APPLICATION	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	28. SIGNATURE	29. TITLE
30. OFFICIAL NUMBER ASSIGNED/RESERVED EST _____ /P. _____ I _____		31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION <i>(Completed by District Office)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

TO BE COMPLETED BY USDA

32. DATE RECEIVED	33. DATE REVIEWED	34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
35. SIGNATURE OF DISTRICT MANAGER			36. DATE

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0583-0015), Washington, D.C. 20503. If the OMB number is not present, you are not obligated to complete the form.

DIRECTIONS FOR COMPLETION OF FSIS FORM 5200-2

Complete all sections. If a section is not applicable, enter "N/A" or "none". If additional space is needed for any item, attach a sheet and number the item.

1. Date of Application: Shall be the date on which the form is executed.
2. Type of Application: Check applicable block.
3. Type of Inspection Required: Check applicable block.
4. Exempted Activities: There are several possible entries:
 - a. Custom Slaughter (CS)
 - b. Custom Processing (CP)
 - c. Retail Exempt (includes restaurants) (RE)
 - d. Kosher (KO)
 - e. Islamic (IS)
 - f. Buddhist (BU)
 - g. Confucianist (CO)*An applicant can show one or any combination of the seven, if necessary.*
5. Form of Organization: Check applicable block.
6. State Where Incorporated: Self-explanatory.
7. Date Incorporated: Show month and year.
8. Name and address of Applicant: Show official firm name and address. Enter Federal employee identification number in the space provided.
9. Area Code and Telephone Number: Self-explanatory.
- 10a. Location of Plant and Mailing Address if Different From Item 8: If the mailing address of item 8 is a P.O. Box number, show location of the plant by street, number, miles from town or highway, etc.
- 10b. Attach a Description of the Limits of the Establishment Premises that is Requested to be Under Federal Inspection: Self-explanatory.**
11. Area Code and Telephone Number: Show plant's actual telephone number(s).
12. Name and Establishment Number(s) of Other Establishments Located in the Same Facility: Name of person(s) or firm name(s) and establishment number(s) which prepare products within the same facilities of the applicant identified in item 8.
13. Other Names Under Which Business will be Conducted: This refers to subsidiaries doing business under a different name than the applicant requesting inspection.

DIRECTIONS FOR COMPLETION OF FSIS FORM 5200-2 (Continued)

- * 14. Day/Year Plant Will Operate: Self-explanatory.
 - * 15. Hours/Week Plant Will Operate: Self-explanatory.
 - * 16. Hours/Day Plant Will Operate: Self-explanatory.
 - * 17. Month and Year Plant will be Ready to Operate Under Inspection Program: Self-explanatory.
- * There can be overlapping exempt and non-exempt reporting, e.g., an applicant may have in section 16, 8 hours exempt and 8 hours non-exempt. This does not necessarily mean the plant is scheduled to work 16 hours.
- 18. Animals Slaughtered: Check applicable block(s).
 - 19. Fresh Meat or Ready-to-Cook Poultry to be Disposed of in Commerce: Check applicable block(s)
 - 20. Prepared or Processed When Inspection is Inaugurated: Check applicable block(s) for Meat, Poultry, or Both under type of product. If the "Both" block is checked, indicate whether the activity is for "M", "P", or "B" for entries A through M.
 - 21. Import Inspection Activities: Fill in only if requesting for Import Inspection and then the application should be referred to International Programs. (Separate applications are needed for import requests and domestic requests.)
 - 22. List of Responsible Persons: Shall include person signing the application, owners, officers, directors, managers, or others in an executive capacity. Be sure to show name, title, social security number, date and place of birth, home address and check in the space provided concerning holding of stock.
 - 23. Person(s) Convicted of a Felony: Self-explanatory, if none, write none.
 - 24. Convictions Against the Applicants: Self-explanatory.
 - 25. Sanitation Standard Operating Procedures have been developed: Check applicable block.
 - 26. Privacy Act Notice: Check appropriate block.
 - 27. Person Signing Application: Applicant's name should be typed or printed.
 - 28. Signature: Applicant needs to sign in ink.
 - 29. Title: Title of applicant whose name appears in Blocks 26 and 27.
 - 30. Official Number Assigned/Reserved: District Manager will complete.
 - 31. Plant Presently Under State Inspection: District Manager will complete.
- 32 through 36: To be completed by USDA.*